

IDAHO PROFESSIONAL-TECHNICAL UNIT DOCUMENTATION(A COPY OF THIS FORM SHOULD BE COMPLETED BY EACH
REGIONAL INTERNET COURSE INSTRUCTIONAL MANAGER)

A. GENERAL INFORMATION				
DIST NO.	NAME OF SCHOOL OR INSTITUTION	SCHOOL NO.	SCHOOL TELEPHONE	
PROGRAM NAME		PROGRAM I.D.	PROGRAM CODE	NO. OF PERIODS IN A NORMAL SCHOOL DAY
INSTRUCTOR (LAST NAME)	(FIRST NAME)	(MI)	SOCIAL SECURITY NUMBER	
			TIME BEYOND THE NORMAL ACADEMIC YEAR	

B. REGIONAL PROGRAM PARTICIPATING INSTITUTIONS	
SUBREGIONAL PROGRAMS	ADDITIONAL HIGH SCHOOLS
1. H.S: _____ CL: _____	1. _____ 2. _____
2. H.S: _____ CL: _____	3. _____ 4. _____
3. H.S: _____ CL: _____	5. _____ 6. _____
4. H.S: _____ CL: _____	7. _____ 8. _____
5. H.S: _____ CL: _____	9. _____ 10. _____
6. H.S: _____ CL: _____	11. _____ 12. _____
ADDITIONAL CAPSTONE COURSES TO BE TAUGHT AND LOCATIONS:	

C. INSTRUCTOR UPDATE:**Home Address:**

City: _____**State:** _____**Zip:** _____**Email:** _____**H Phone:** _____**H Fax:** _____**Prg. Web Site:** _____**D. SIGNATURES:**

Instructional Manager/ Date

School Administrator / Date

FOR STATE USE ONLY				
Cert	Endorsements	Staff FTE	Signature of Program Manager	Date
Expires				

PLEASE RETURN THIS FORM TO THE STATE DIVISION – MAKE A COPY FOR YOUR FILES